

Work-Site Organizational Health Survey

(Sample)

Name of Work Group: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of Respondent: _____ Title/Function: _____

Phone number: (_____) _____ - _____ Email: _____

A. Physical Activity

What types of facilities or resources does your organization provide for employees to engage in physical activity? Please tell us if your organization offers the following resources by placing an 'X' in the "Yes" or "No" box.

		Yes	No
1. Does your worksite have a place for employees to go for a walk?		<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, can employees walk:	Indoors	<input type="checkbox"/>	<input type="checkbox"/>
	Outdoors	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, is this place: ('X' all that apply)	Well lit	<input type="checkbox"/>	<input type="checkbox"/>
	Safe from traffic, cars and machinery	<input type="checkbox"/>	<input type="checkbox"/>
	Secure from intruders	<input type="checkbox"/>	<input type="checkbox"/>
	Well ventilated	<input type="checkbox"/>	<input type="checkbox"/>
	Attractive	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have organized physical activities for employees?		<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization have access to physical activity facilities for employees (such as basketball courts, walking trail)?		<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization have access to an indoor exercise facility?		<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, what equipment does it provide: ('X' all that apply)	Aerobic equipment (e.g. bikes, stair climbers, treadmills)	<input type="checkbox"/>	<input type="checkbox"/>
	Running track	<input type="checkbox"/>	<input type="checkbox"/>
	Swimming pool	<input type="checkbox"/>	<input type="checkbox"/>
	Strength training equipment	<input type="checkbox"/>	<input type="checkbox"/>
	Other _____	<input type="checkbox"/>	<input type="checkbox"/>
b. When is the exercise facility open? ('X' all that apply)	Before work hours	<input type="checkbox"/>	<input type="checkbox"/>
	After work hours	<input type="checkbox"/>	<input type="checkbox"/>
	During work hours	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the facility free or discounted to employees?		<input type="checkbox"/>	<input type="checkbox"/>
d. Can family members of employees use the facility?		<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
5. Does your organization subsidize memberships to off-site physical activity facilities?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your organization have stairs that employees can use for physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your organization provide any incentives or rewards to employees who are physically active?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your organization offer a health plan which provides discounts for health club membership?	<input type="checkbox"/>	<input type="checkbox"/>

B. Nutrition

9. Can employees in your organization obtain food or snacks at the workplace? If no, please skip to question #12.	<input type="checkbox"/>	<input type="checkbox"/>
10. Where are the food or snacks offered? ('X' all that apply)		
Cafeteria	<input type="checkbox"/>	<input type="checkbox"/>
Break room or company kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Canteen truck/snack bar	<input type="checkbox"/>	<input type="checkbox"/>
Vending machines	<input type="checkbox"/>	<input type="checkbox"/>
Caterer	<input type="checkbox"/>	<input type="checkbox"/>
Other: (describe) _____		
11. If your organization has vending machines, what types of food are available through the machines? ('X' all that apply)		
Candy, chips, or cookies	<input type="checkbox"/>	<input type="checkbox"/>
Soda	<input type="checkbox"/>	<input type="checkbox"/>
Pretzels	<input type="checkbox"/>	<input type="checkbox"/>
Fresh vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Salads	<input type="checkbox"/>	<input type="checkbox"/>
100 percent fruit juice	<input type="checkbox"/>	<input type="checkbox"/>
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>
Dried fruit	<input type="checkbox"/>	<input type="checkbox"/>
Granola bars or trail mix	<input type="checkbox"/>	<input type="checkbox"/>
Yogurt	<input type="checkbox"/>	<input type="checkbox"/>
One percent or skim milk	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>
12. Can your employees obtain any of the following foods in the work place? ('X' all that apply)		
Fresh fruit	<input type="checkbox"/>	<input type="checkbox"/>
100 percent fruit juice	<input type="checkbox"/>	<input type="checkbox"/>
Cooked vegetables	<input type="checkbox"/>	<input type="checkbox"/>
Fresh salads	<input type="checkbox"/>	<input type="checkbox"/>
Fat free or low fat salad dressing	<input type="checkbox"/>	<input type="checkbox"/>
One percent or skim milk	<input type="checkbox"/>	<input type="checkbox"/>
Fat free or low fat yogurt	<input type="checkbox"/>	<input type="checkbox"/>
13. Does your organization have written policies or guidelines to ensure that fruit, vegetables and salads are offered at catered meetings?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does your organization have a place where employees can refrigerate and heat meals?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your organization offer nutrition education programs to your employees?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
16. Does your organization offer weight control programs?	<input type="checkbox"/>	<input type="checkbox"/>
17. Does your organization offer reimbursement or discounts for dietary counseling, whether through health insurance or direct subsidy?	<input type="checkbox"/>	<input type="checkbox"/>

C. Smoking

18. Does your organization have a written smoke-free environment policy? If no, go to 22.	<input type="checkbox"/>	<input type="checkbox"/>
19. Are employees who violate the policy penalized in any way?	<input type="checkbox"/>	<input type="checkbox"/>
20. Where is smoking prohibited? ('X' all that apply)		
In offices	<input type="checkbox"/>	<input type="checkbox"/>
Throughout the office buildings	<input type="checkbox"/>	<input type="checkbox"/>
Throughout the grounds	<input type="checkbox"/>	<input type="checkbox"/>
In company vehicles	<input type="checkbox"/>	<input type="checkbox"/>
21. Where is smoking permitted? ('X' all that apply)		
In offices	<input type="checkbox"/>	<input type="checkbox"/>
In designated areas of office buildings	<input type="checkbox"/>	<input type="checkbox"/>
Outside of office buildings	<input type="checkbox"/>	<input type="checkbox"/>
In company vehicles	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you offer programs to help employees quit smoking?	<input type="checkbox"/>	<input type="checkbox"/>
23. Does your organization offer reimbursement or discounts to employees who enroll in programs to quit smoking, whether through health insurance or direct subsidy?	<input type="checkbox"/>	<input type="checkbox"/>

D. Other Health Programs

24. In the past 12 months, has your organization offered employees any health education classes, workshops, lectures or special events?	<input type="checkbox"/>	<input type="checkbox"/>
25. In the past 12 months, has your company offered any of the following health screening services: ('X' all that apply)		
Blood pressure screening	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol screening	<input type="checkbox"/>	<input type="checkbox"/>
Blood sugar screening	<input type="checkbox"/>	<input type="checkbox"/>
Other: (describe) _____		
26. Are your employees allowed to use paid work time to participate in health-related activities?	<input type="checkbox"/>	<input type="checkbox"/>
a. If yes, is this for:		
Activities at work?	<input type="checkbox"/>	<input type="checkbox"/>
Time off to participate elsewhere?	<input type="checkbox"/>	<input type="checkbox"/>
b. If yes, in which activities are employees allowed to use paid work time for participation? ('X' all that apply)		
Blood pressure screening	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol or blood sugar screenings	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition classes	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>
Classes to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>
Weight control programs	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
27. Does your organization have a written flextime policy?	<input type="checkbox"/>	<input type="checkbox"/>
28. Does your organization participate in an Employee Assistance Program (EAP)?	<input type="checkbox"/>	<input type="checkbox"/>
29. In the past 12 months, has your organization solicited feedback from employees on the types of health programs and services that would be beneficial to them?	<input type="checkbox"/>	<input type="checkbox"/>
30. Does your organization have a budget for colleague health promotion?	<input type="checkbox"/>	<input type="checkbox"/>
31. Is there a designated person, group or committee within your organization who is responsible for employee health promotion?	<input type="checkbox"/>	<input type="checkbox"/>
32. Does your organization offer family leave for employees to care for sick family members?	<input type="checkbox"/>	<input type="checkbox"/>

E. About Your Organization

33. How would you describe the attitude of your organization's leadership toward the promotion of health among your colleagues?	Strongly supportive	<input type="checkbox"/>	<input type="checkbox"/>
	Somewhat supportive	<input type="checkbox"/>	<input type="checkbox"/>
	Neutral attitude	<input type="checkbox"/>	<input type="checkbox"/>
	Not very supportive	<input type="checkbox"/>	<input type="checkbox"/>
	Not at all supportive	<input type="checkbox"/>	<input type="checkbox"/>
34. Which of the following statements best describes your organization's health insurance benefit?	We do not offer health insurance to employees	<input type="checkbox"/>	<input type="checkbox"/>
	We offer a health insurance plan, but do not contribute a percentage of the premium	<input type="checkbox"/>	<input type="checkbox"/>
	We offer a health insurance plan and contribute a percentage of the premium	<input type="checkbox"/>	<input type="checkbox"/>
35. How many employees work in your business? (include full and part time employees)	Fewer than 50	<input type="checkbox"/>	<input type="checkbox"/>
	50 to 249	<input type="checkbox"/>	<input type="checkbox"/>
	250 or more	<input type="checkbox"/>	<input type="checkbox"/>
36. What percentage of your employees are women?	Percent: _____		
37. What percentage of your employees are disabled?	Percent: _____		
38. What percentage of your employees are:	Percent: _____ Full-time		
	Percent: _____ Part-time		
	Percent: _____ Satellite/off-site employees		

	Yes	No
39. Does your organization work more than one shift per day?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, do employees on all shifts have equal access to the following resources?

Check all that apply.

Physical activity programs	<input type="checkbox"/>	<input type="checkbox"/>
Fresh fruits, vegetables and low fat foods	<input type="checkbox"/>	<input type="checkbox"/>
Health screenings	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition education programs	<input type="checkbox"/>	<input type="checkbox"/>
Weight loss programs	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco cessation programs	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for participating.